DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD

MASS TRANSIT FARE BENEFIT PROGRAM ACCOUNTABILITY REPORT

ACCOUNTABILITY FOR MONTH ENDING

CG-5564 (3-03)			
TYPE REPORT/REPORTING UNIT			
CHECK APPROPRIATE BOX		UNIT OPFAC NO.	
☐ MONTHLY		UNIT NAME	
☐ QUARTERLY AUDIT		ADDRESS	
☐ TRANSFER/CHANGE OF COMMAND			
☐ OTHER			
STATUS OF FARE MEDIA		FARE MEDIA VALUE (\$)	
BALANCE ON HAND BEGINNING OF PERIOD			_
RETURNED TO CUSTODIAN (+)			<u> </u>
RETURNED TO VENDER FOR CREDIT (-)		()
CREDIT RECEIVED FROM VENDER (+)			
PURCHASE (+)			<u></u>
ISSUED (-)		()
LOST/UNACCOUNTED FOR/DESTROYED (-)		()
BALANCE ON HAND END OF PERIOD			
REIMBURSEMENTS (# SF 1164'S) AMOUNT \$			
REMARKS: (INCLUDE NAME/SSN OF INDIVIDUALS RETURNING FARE MEDIA AND AMOUNT RETURNED) A. TOTAL ISSUED FOR THE MONTH B. TOTAL REIMBURSEMENTS FOR THE MONTH C. MUST INDICATE TOTAL NUMBER OF PARTICIPANTS FOR THE MONTH AVERAGE BENEFIT PER PARTICIPANT			
TYPED NAME, RANK/GRA	ADE OF CUSTODIAN	TYPED NAME, RANK/GRADE OF APPROVING OFFICIAL	
SIGNATURE	DATE	SIGNATURE	DATE
QUARTERLY AUDIT			
THE ACCOUNT AND RECORDS REPRESENTED IN THIS ACCOUNTABILITY REPORT HAVE BEEN AUDITED. THE FINANCIAL INTEGRITY OF THE ACCOUNT AND RECORDS LISTED ABOVE IS CONFIRMED. THIS AUDIT WAS CONDUCTED IN ACCORDANCE WITH COMDTINST 5382.1.			
TYPED NAME, RANK/GRA	ADE AND TITLE	TYPED NAME, RANK/GRADE AND TI	ΓLE
SIGNATURE		SIGNATURE	